

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	C.H.		
O.I.P.E. CLASSIFIER	AS	32	5/1
FORMALITY REVIEW	AS	866	105.11.01
RESPONSE FORMALITY REVIEW	Jk	885	11/26/01

INDEX OF CLAIMS

✓ Rejected
 □ Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	1/1
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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25-1
 25-1
 7-26-01